

REMARKS

This Amendment is filed in response to the Office Action dated June 6, 2002. Claims 113-119 and 126-133 are pending in this application. Applicants canceled claim 120 as redundant over claim 119. Applicants thank the Examiner for the indication that claims 114-120 would be allowable if rewritten in independent form to include the limitations of the base claim and any intervening claim. Applicants have rewritten claims 114, and 116-118 in independent form as claims 129-132 to include the limitations contained in claim 113. Claim 119 was rewritten as claim 133 to depend from claim 132

The Examiner rejected claim 113 under 35 U.S.C. § 102 as being anticipated by Grinfeld (U.S. Patent No. 5,312,344). Applicants respectfully transverse this rejection. Amended claim 113 claims an aortic catheter having a shaft that includes an inner tubular member within an outer tubular member, wherein the inner tubular member extends at least to the distal end of the outer tubular member. Support for the amendment is found among other places at pages 34-46 and Figures 5-9 of the specification.

Grinfeld discloses a catheter having separate channels 8, 9 and 10 that terminate proximal to the distal end of the catheter body end region 6. See Figure 3 and 4. Grinfeld does not teach or suggest the claimed catheter. As a result, Applicants submit that the rejection has been overcome and request the Examiner to withdraw the rejection.

The Examiner further rejected claim 113 under the judicially created doctrine of obviousness type double patenting as being unpatentable over claim 1 of U.S. Patent No. 5,868,702. Applicants submit an attached terminal disclaimer to obviate the Examiner's rejection of claim 113 and request that the rejection be withdrawn.

Attached hereto is a marked-up version of the changes made to the specification and claims by the current amendment. The attached pages are captioned "Version with markings to show changes made". The Examiner is requested to telephone the undersigned if a discussion would further the prosecution of the pending claims.

Respectfully submitted,

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VERSION WITH MARKINGS TO SHOW CHANGES MADE

In the Specification:

This application is a continuation-in-part of [copending] U.S. patent application Serial No. 08/282,192, filed July 28, 1994, now U.S. Patent No. 5,584,803, which is a continuation-in-part of application Serial No. 08/162,742, filed December 3, 1993, now abandoned, which is a continuation-in-part of application Serial No. 08/123,411, filed September 17, 1993, now abandoned, which is a continuation-in-part of application Serial No. 07/991,188, filed December 15, 1992, now abandoned, which is a continuation-in-part of application Serial No. 07/730,559, filed July 16, 1991, which issued as U.S. Patent No. 5,370,685. This application is also a continuation-in-part of [copending] U.S. Patent Application Serial No. 08/159,815, filed on November 30, 1993, now issued as U.S. Patent No. 5,433,700, which is a U.S. counterpart of Australian Patent Application No. PL 6170, filed December 3, 1992. This application is also a continuation-in-part of [copending] U.S. Application Serial No. 08/281, 962, filed July 28, 1994, now abandoned, which is a continuation-in-part of Application Serial No. 08/163,241, filed December 6, 1993, now issued as U.S. Patent No. 5,571,215, which is a continuation-in-part of application Serial No. 08/023,778, filed February 22, 1993, now issued as U.S. Patent No. 5,452,733. This application is also a continuation-in-part of U.S. Patent application Serial No. 08/281,981, filed July 28, 1994, now issued as U.S. Patent No. 5,735,290, which is a continuation-in-part of U.S. Application Serial No. 08/023,778, filed February 22, 1993, now issued as U.S. Patent No. 5,452,733. This application is also a continuation-in-part of U.S. Application Serial No. 08/213,760, filed March 16, 1994, now issued as U.S. Patent No. 5,458,574. The complete disclosures of all of the aforementioned related U.S. Patent Applications are hereby incorporated herein by reference for all purposes.

In the claims:

113. A method of [partitioning] positioning a catheter in a patient's ascending aorta between the patient's coronary ostia and the patient's brachiocephalic artery, comprising:

introducing a distal end of a shaft of an aortic [partitioning device] catheter into a blood vessel downstream of the patient's ascending aorta, the shaft comprising an inner tubular

member within an outer tubular member, the inner tubular member extending at least to the distal end of the outer tubular member;

transluminally positioning the shaft so that the distal end of the shaft is in the ascending aorta and an expandable occluding member attached to the shaft near the distal end is disposed between the coronary ostia and the brachiocephalic artery; and

expanding the occluding member within the ascending aorta to [completely block blood flow therethrough] prevent migration of the occluding member into the aortic root.

expanding the occluding member within the ascending aorta to block blood flow therethrough.

1.3 131. A method of positioning a catheter in a patient's ascending aorta between the patient's coronary ostia and the patient's brachiocephalic artery:

providing an aortic catheter having a shaft comprising an inner tubular member within an outer tubular member and an expandable occluding member attached to the shaft near the distal end thereof;

rotating the outer tubular member with respect to the inner tubular member to reduce the profile of the occluding member on the shaft of the aortic catheter;

introducing the distal end of the shaft into a blood vessel downstream of the patient's ascending aorta;

transluminally positioning the shaft so that the distal end of the shaft is in the ascending aorta and the occluding member is disposed between the coronary ostia and the brachiocephalic artery; and

expanding the occluding member within the ascending aorta to block blood flow therethrough.

1.4 132. A method of positioning a catheter in a patient's ascending aorta between the patient's coronary ostia and the patient's brachiocephalic artery

introducing a distal end of a shaft of an aortic catheter into a blood vessel downstream of the patient's ascending aorta, the shaft comprising an inner tubular member within an outer tubular member;

transluminally positioning the shaft so that the distal end of the shaft is in the ascending aorta and an expandable occluding member attached to the shaft near the distal end is disposed between the coronary ostia and the brachiocephalic artery;

expanding the occluding member within the ascending aorta to block blood flow therethrough; and

measuring the aortic pressure distal to the occluding member.

1.5 133. The method of claim 132 wherein the step of measuring aortic pressure distal to the occluding member comprises measuring the aortic pressure with a pressure transducer positioned near the distal end of the shaft.